



United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

Section A: National Data System Coding (i.e. PCS)

Transaction Code 1 **N** 2 **5** NPDES 3 **I** **D** 0 0 2 3 9 8 1 11 yr/mo/day 12 **1** **0** **0** **3** **1** **6** 17 Inspection Type 18 **C** Inspector 19 **S** Fac Type 20 **1**

Remarks 21 _____ 66

Inspection Work Days 67 **3** **5** 69 Facility Self-Monitoring Evaluation Rating 70 **5** BI 71 **N** QA 72 **N** Reserved 73 _____ 74 75 _____ 80

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)

City of Boise, West Boise WWTP

11818 Joplin Rd

Boise, ID 83714

Entry Time/Date
03/16/2010 10:00

Permit Effective Date
11/02/1999

Exit Time/Date
03/16/2010 12:30

Permit Expiration Date
11/02/2004

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Numbers

Marcia Schmelzer / Operations Manager / 208-938-8093(v) / 208-939-8607(F)

Bill Duncan / Plant Manager / 208-938-8093(v) / 208-939-8607(F)

Janet Finegan-Kelly / Lab Manager / 208-938-8093(v) / 208-939-8607(F)

Other Facility Data (e.g., SIC, NAICS, and other descriptive information)

Name, Address of Responsible Official/Title/Phone and Fax Number

Marcia Schmelzer / Operations Manager / 208-938-8093(v) / 208-939-8607(F)

11818 Joplin Rd

Boise, ID 83714

Contacted
☒ Yes ☐ No

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input checked="" type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedule	<input type="checkbox"/> Pollution Prevention	
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input type="checkbox"/> Flow Measurement	<input checked="" type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

Name(s) and Signature(s) of Inspector(s)

R. Todd Crutcher

Agency/Office/Phone and Fax Numbers

Idaho DEQ/ Boise Regional Office/ 208-373-0550/ 208-373-0

Date

03/23/2010

Signature of Management QA Reviewer

Agency/Office/Phone and Fax Numbers

Same

Date

3/23/2010